



Interim Documentation



OAAS Support Coordination Documentation

Case No: _____ Participant: _____ Ticket No. _____
SC ID: _____ Activity: _____
Procedure Code: _____
Date: _____
Begin Time: ____: ____ (hh: mm) Service Participants: _____
End Time: ____: ____ (hh: mm) _____
Place of Service: _____
Type of Contact: _____
Travel Log Begin Mileage: _____
End Mileage: _____

- Ongoing documentation of how problems identified during and between the contacts have been addressed throughout the quarter.
- Address all applicable issues as they arise and complete the narrative below. Indicate all applicable numbers.

1. A strategy, action or POC change was implemented to address a newly identified risk factor as described below.
2. A new or ongoing need was **addressed** (reference CAPS as applicable) as described below.
3. Actions were taken to address the participant's goals and preferences as described below.
4. Actions were taken to resolve problems accessing services in the POC as described below.
5. Actions were taken to resolve problems accessing health care services as described below.
6. The Emergency Plan and Agreement Form was revised as summarized below.
7. Risk factors were **mitigated** (reference CAPs as appropriate) as described below.

Interim Narrative:

SC Signature: _____ Date: _____